

Free

In re Application of:

Docket No. 214767.00018

CARL SCHNURR

Application No.: 10/629,901

Examiner: John M. Jillions

Filed: July 30, 2003

Group Art Unit: 3654

For: CLAMPING DEVICE AND METHOD

Date: February 2, 2005

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Petition For Extension Of Time in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 29	= 0	x \$25 \$50	\$000.00
INDEP. CLAIMS	* 2	MINUS	*** 6	= 0	x \$100 \$200	\$000.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT-						\$000.00


☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_ to Deposit Account No. 50-1710 for the additional claims fee. A duplicate copy of this sheet is attached.

- ☐ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☒ Charge \$120.00 to Deposit Account No. 50-1710 to cover the fee for a one month extension of time fee. A duplicate copy of this paper is attached.
- ☐ Charge \$ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorneys for Applicant
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PATENT ADMINISTRATOR
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